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| TO: Registration Se Division of Cor | | | |
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| SUBJECT: BIL | DEPTINT Prop | perty Investo ited Liability Company | nents, LLC |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | James | Name of Person | mbie |
| | | Firm/Company | |
| | 7636 Sh | adow Bay I | <u> </u> |
| | Panama | City/State and Zip Code | 240A_ |
| | James aber | (COMDIESIO CONTO to be used for future annual report from | nail. Com fication) |
| For further information co | oncerning this matter, please ca | ıll: | |
| James of Name of | J. Alberran | Area Code Daytim | 4848 te Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ☑ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Slueprint (Fame of the Limit | roperty ed Liability Compa (A Florida Limited | nv as it now appe Liability Company | tments, L | <u>LC</u> :: "7 |
|---|---|--|--------------------------|-----------------------|
| The Articles of Organization for this Limited LiFlorida document number <u>L24000219</u> | • | were filed on _ | 05/10/2024 | and assigned |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | f the limited liab | ility company l | <u>iere</u> : | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the | designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | **** | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE) | <u>BOX)</u> | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent: | ss here: | | records, enter the na | |
| New Registered Office Address: | 1630 | <u>ST TOCOU</u> Enter Fl | orida street dddress | |
| | Panama | City | Florida _ | 32404 Zin Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|---|----------------|
| <u>AMBR</u> | James J. Abercrombi | ie 7636 Shadow Bay Dr | BAdd |
| | | ie 7636 Shadow Bay Dr Panama City, FL 30 | 10A □Remove |
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Filing Fee: \$25.00